## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PI	.c		Α	ttorney Doc	ket No.:	117247	
P.O. Box 19928 Alexandria, Virginia Telephone: (703) 836- Facsimile: (703) 836-2	22320 6400		MAIL STO	P PATENT		September CATION	22, 2003
Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITT RULE §1.53(b)						TAL	
Commissioner for Pater P.O. Box 1450 Alexandria, VA 22313							. PTO 46
Sir:							U.S 355
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application							16 0/6(
For (Title):	INK-JET HEAD AND PRODUCING METHOD THEREOF						
By (Inventors):	Hiroshi TAIRA						
A Declaration and Power of Attorney is filed herewith.  This application claims benefit of Provisional Application No filed  (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)  This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA.  The executed Assignment is filed herewith.  An Information Disclosure Statement is filed herewith.  Entitlement to small entity status is hereby asserted.  A Preliminary Amendment is filed herewith.  Priority of foreign application No. 2002-278971 filed September 25, 2002 in Japan is claimed (35 U.S.C. §119).  A certified copy of the above corresponding foreign application(s) is filed herewith.  This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in anothe country, or under a multilateral international agreement, that requires publication at eighteen months after filing.  The filing fee is calculated below:  CLAIMS IN THE APPLICATION AFTER ENTRY OF  ANY PRELIMINARY AMENDMENT NOTED ABOVE  SMALL ENTITY  OTHER THAN A  SMALL ENTITY							
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE		* 7 */ <u>*</u> .		\$ 375	<u>OR</u>		\$ 750
TOTAL CLAIMS	13 - 20	= 0*	x 9=	\$	<u>OR</u>	x 18	\$
INDEP CLAIMS	3 - 3	= 0*	x 42 =	\$	<u>OR</u>	x 84	\$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$
* If the difference is less than zero, enter "0".			TOTAL	\$	<u>OR</u>	TOTAL	\$ 750
Check No. 146494 in the amount of \$750.00 to cover the filing fee is attached. Except as otherwise noted herein,							

the Commissioner is hereby authorized to charge any other fees that may be required to complete this fining credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

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